



Report of an inspection of a Designated Centre for Older People.

Issued by the Chief Inspector

Name of designated centre:	St. Mary's Residential Centre
Name of provider:	Health Service Executive
Address of centre:	Shercock Road, Castleblayney, Monaghan
Type of inspection:	Unannounced
Date of inspection:	22 June 2022
Centre ID:	OSV-0000495
Fieldwork ID:	MON-0037080

About the designated centre

The following information has been submitted by the registered provider and describes the service they provide.

The designated centre provides 24-hour nursing care to 70 residents, male and female who require long-term and short-term care (assessment, rehabilitation convalescence and respite). The centre is a single story building containing three distinct houses. Lorgan House is a 21 bedded specialist dementia unit. Dromore House accommodates 25 residents requiring continuing and palliative care and Drumlin House has 25 beds but only provides care for 24 residents needing continuing and palliative care. The additional bedroom is a designated facility only for end of life care. The provider has made a commitment that the total number of residents accommodated will not exceed the maximum number for which the centre is registered (70 residents). The philosophy of care is to embrace ageing and place the older person at the centre of all decisions in relation to the provision of the residential service.

The following information outlines some additional data on this centre.

Number of residents on the date of inspection:	65
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This inspection was carried out to assess compliance with the Health Act 2007 (as amended), the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2013 (as amended), and the Health Act 2007 (Registration of Designated Centres for Older People) Regulations 2015 (as amended). To prepare for this inspection the inspector of social services (**hereafter referred to as inspectors**) reviewed all information about this centre. This included any previous inspection findings, registration information, information submitted by the provider or person in charge and other unsolicited information since the last inspection.

As part of our inspection, where possible, we:

- speak with residents and the people who visit them to find out their experience of the service,
- talk with staff and management to find out how they plan, deliver and monitor the care and support services that are provided to people who live in the centre,
- observe practice and daily life to see if it reflects what people tell us,
- review documents to see if appropriate records are kept and that they reflect practice and what people tell us.

In order to summarise our inspection findings and to describe how well a service is doing, we group and report on the regulations under two dimensions of:

1. Capacity and capability of the service:

This section describes the leadership and management of the centre and how effective it is in ensuring that a good quality and safe service is being provided. It outlines how people who work in the centre are recruited and trained and whether there are appropriate systems and processes in place to underpin the safe delivery and oversight of the service.

2. Quality and safety of the service:

This section describes the care and support people receive and if it was of a good quality and ensured people were safe. It includes information about the care and supports available for people and the environment in which they live.

A full list of all regulations and the dimension they are reported under can be seen in Appendix 1.

This inspection was carried out during the following times:

Date	Times of Inspection	Inspector	Role
Wednesday 22 June 2022	09:20hrs to 17:35hrs	Arlene Ryan	Lead

What residents told us and what inspectors observed

The overall feedback from residents living in St Mary's Residential centre was positive. The centre had a very homely feel and the residents told the inspector that they were happy living there and that they felt safe. The residents appeared relaxed and content in their surroundings.

On the day of inspection the inspector was met by the reception staff and a clinical nurse manager. The monitoring of temperatures and signs and symptoms of COVID-19 was completed and hand hygiene performed. Following an introductory meeting the inspector did a walk around through different areas of the nursing home and had the opportunity to speak with residents and staff.

During this walk around the inspector observed that corridors were clutter-free and fire exits kept clear. The nursing home was very spacious, clean, bright and well maintained. It was divided into three specific units; the Drumlin House unit, Dromore House unit and a dementia specific Lorgan House unit

The residents' bedrooms were spacious and most had personalised their rooms with pictures and photographs and personal items from home. There was adequate storage in each room for clothing and personal belongings. Each resident had access to a lockable drawer ensure safe storage of valuable items. The rooms were clutter free allowing easy movement within the room. Residents informed inspectors that the laundry service was available to them and that they always got their clothes back clean and fresh. They could send items home with their families if they chose to but mostly used the nursing home's laundry service.

The residents told the inspector that they liked their rooms and tried to make them homely. They also said that their rooms were cleaned on a daily basis and that they were happy with this arrangement. Ceiling mounted hoists were available in all bedrooms and staff informed the inspector that these hoists were less intrusive in the residents' space and allowed for much more room when providing care for the residents. Extra clean linen and towels were available in a separate cupboard in the bedrooms.

The main corridor was decorated with many photographs of residents participating in activities including trips out of the nursing home, festivities, birthday celebrations and music sessions. The residents had access to a range of meaningful activities in line with their abilities to participate. The list of daily scheduled activities was available in multiple locations throughout the nursing home. Residents informed inspectors that they enjoyed these activities and there was always something on. There was also a schedule of activities involving external facilitators including visiting musicians, pet therapy and religious offerings. A large recreational room offered adequate space for residents to participate in activities, hold social gatherings and attend the residents meetings.

During the morning time residents were taking part in a baking activity with the activities coordinator. They were having great fun during this activity and were very engaged with the coordinator. They informed the inspector that they enjoyed these sessions and were very complimentary about the activities coordinator and staff who cared for them.

The inspector noted that throughout the day many staff referred to themselves as 'visitors in the residents' home'. They places emphasis on the centre being the residents' home, and that they only came here to visit and work.

Many residents and visitors told the inspector about the bar/shop which was located in the centre of the nursing home. In addition to the bar they could buy some confectionery, toiletries and other items in this space. Families often used this room when visiting residents and were able to enjoy a coffee or tea whilst chatting. It was a comfortable and cozy space and the inspector observed many different people there during the day.

There were plenty of seating areas throughout the centre where residents could sit and relax. There were also plenty of areas for visitors to visit with the residents including a number of small sitting rooms. The inspector had the opportunity to speak with a number of visitors on the day of inspection and they were all happy with the care their relative received.

The Lorgan House unit was a dementia specific unit and was well laid out to cater for the residents living there. Recent changes to the dining room and sitting rooms had made the dining experience more meaningful to the residents. The Chief Inspector had been informed of these changes by the provider and an appropriate application to vary the layout of the building had been received. Overall the unit incorporated dementia friendly environment with the use of colour, lighting, clear signage, adequate seating and quiet spaces.

Each of the three units had a spacious enclosed garden which were brightly coloured and contained a variety of flowering plants and shrubs. There was plenty of seating available for residents and visitors. The staff informed the inspector that they took pride in ensuring the upkeep of these spaces. The doors were open and residents were observed using this space at different times throughout the day of inspection. All the residents who spoke with the inspector said that they loved the gardens and could always go out there whenever they wanted.

The next two sections of this report present the inspection findings in relation to the governance and management in the centre, and how governance and management affects the quality and safety of the service being delivered. The areas identified as requiring improvement are discussed in the report under the relevant regulations.

Capacity and capability

Overall the inspector was assured that the residents were supported and facilitated to have a good quality of life living at the centre. The centre has a good history of compliance with the regulations and this was evident on the day of inspection. Good leadership, governance and management arrangements were in place and the inspector was assured that the residents were supported and facilitated to enjoy living at the centre

This was an unannounced risk inspection conducted by an inspector of social services to assess compliance with the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2013 (as amended). The Chief Inspector had been informed that the centre had a COVID-19 outbreak declared by the Public Health team on the 8th June 2022. The centre was currently managing this outbreak and there were four residents and three staff who remained positive for COVID-19. The residents were being cared for in the Lorgan House Unit. For this reason the inspector visited this unit just prior to finishing the inspection.

The registered provider was the Health Services Executive (HSE). The person in charge was supported by a regional manager, an assistant director of nursing, clinical nurse manager, nurses, healthcare assistants, housekeeping, administrative, catering and maintenance staff, on the day of inspection. There was a clear line of accountability and responsibility throughout the nursing home team in line with the statement of purpose. There was one assistant director of nursing and three clinical nurse managers employed in the nursing home and arrangements were in place for the assistant director of nursing to deputise in the absence of the person in charge.

Inspectors saw that there were systems in place to deliver quality care to residents and this was continuously monitored with oversight from the senior management team. The systems included a comprehensive auditing programme which were reviewed and had led to some improvements in practice. Both clinical and non-clinical audits were completed on a monthly basis and action plans were in place to address and issues identified. The quality and resident safety report was reviewed at the regional quality and patient safety meetings to ensure oversight by the provider.

The Directory of Residents was reviewed by the inspector, with one minor gap, all the required details were recorded in line with Schedule 3 of the regulations.

There were an adequate number of staff on duty on the day of inspection and the staff roster showed that all shifts were covered. The number of staff vacancies in the nursing home was low, and where vacancies has been identified recruitment of new staff was in progress with a number of staff scheduled to commence in the coming weeks. The workforce appeared quite stable and management were constantly reviewing staffing levels based on the needs of the residents living in the centre.

There was a low level of complaints in the centre and there were no open complaints on the day of inspection.

Regulation 15: Staffing

The staffing levels and skill mix was appropriate to meet the needs of existing residents accommodated in each unit of the centre. There was a minimum of at least one staff nurse on duty on each of the three units at all times.

All nurses held a valid Nursing and Midwifery Board of Ireland (NMBI) registration.

Judgment: Compliant

Regulation 16: Training and staff development

A review of the staff training records indicated that staff had undertaken their mandatory training and other relevant training. Training was scheduled for those requiring updates. Staff informed the inspector that they had access to training and had completed their mandatory training.

Judgment: Compliant

Regulation 19: Directory of residents

The hard copy of the directory of residents was reviewed and it was found to contain the required information outlined in part 3 of Schedule 3.

Judgment: Compliant

Regulation 23: Governance and management

There was a clearly defined management structure in place. Members of the management team were aware of their lines of authority and accountability. They demonstrated a clear understanding of their roles and responsibilities. They worked well together, supporting each other through a well-established and maintained system of communication.

There were clear systems in place for the oversight and monitoring of care and services provided for residents.

Judgment: Compliant

Regulation 24: Contract for the provision of services

A sample of contracts for the provision of services were examined. These included details of the service provided and the fees to be charged for such services; however, they did not contain the residents' room number or occupancy of the room.

Judgment: Substantially compliant

Quality and safety

Overall the inspector was assured that residents received a good standard of service. Residents told the inspector that they felt safe living in the home. The quality of service and quality of care delivered to residents was of a good standard.

A selection of resident files were reviewed by the inspector. Individualised assessments were completed for residents using a variety of validated risk assessment tools. Care plans were in place based on these risk assessments and were person centered reflecting the individual care needs of the residents. The oversight of residents healthcare needs was comprehensive, and access to a medical practitioner and other allied health professionals was evident in the residents' records. Skin integrity assessments had been completed for all residents and there were no residents with pressure ulcers on the day of inspection.

A safety pause was undertaken each day to identify any risks for residents for example; who was at risk of falling, those at risk due to poor vision, those with bed rails in place. This was to highlight any risks to the staff and inform them of any day-to-day changes in the residents care needs. Personal Emergency Evacuation Plans were completed for each resident. These were kept at the nurses stations to ensure that staff had access to them in the event of an emergency.

Clinical hand washing sinks were easily identifiable throughout the nursing home as they had blue backing on the walls. Toilet doors were brightly coloured to enable residents to identify them with ease.

The cleaners room contained laminated instructions on chemical preparation and safety data for these chemicals. The rooms was organised and clean, with plenty of room for the storage of cleaning carts. Housekeeping staff were knowledgeable of the cleaning procedures within the nursing home and maintained clean and organised cleaning trolleys. Although an identification of clean equipment process was not in place, items of equipment both in the clinical areas and store rooms were seen to be clean and cleaning schedules were in place for staff to ensure this

standard was maintained.

The sorting area for clean laundry and linens was clean and clutter free. A process for labelling the residents clothing was in place to ensure clothing did not go missing or get lost. The residents clothing was sorted by the staff and returned to the residents' rooms.

Medications were stored in a locked drawer in the residents room. This allowed for quick access to medications and reduced the need for a medication trolley. The medication chart was kept with the medicines and contained clear instructions for the individual resident's medicines. Nursing staff informed the inspector that this system made it easier for them to administer the medications and reduced the possibility of errors as they were only dealing with one resident at a time.

There was a low use of restraint in the centre, mostly in the form of bed rails or lap belts. Each resident with a bed rail or lap belt had been risk assessed and consent gained. Most bed rails were in place at the request of these residents and they felt safer with them in place. The use of restraint was closely monitored by the management team.

Some residents undertook small jobs within the nursing home as they wanted to help. This was facilitated by the staff and was perceived as an activity by those residents.

There was an active residents' committee which met regularly. Members of an independent advocacy group were also invited to this meeting to support the residents. Minutes from these meetings showed good engagement by the residents. They were able to make decisions affecting their living arrangements. For example; following the COVID-19 restrictions the residents decided that they did not want visitors coming into the dining room during meal times as they had gotten use to eating their meals without disturbance. This decision was respected and implemented. The inspector saw this in action on the day of inspection where a number of visitors were waiting in the lobby areas to visit their loved ones just after lunch time. When asked about this the visitors confirmed that the residents had decided this themselves and they respected this decision.

Regulation 11: Visits

Visits by residents' families and friends were facilitated according to current public health guidance. The nursing home had arrangements in place to ensure the ongoing safety of residents.

Judgment: Compliant

Regulation 12: Personal possessions

Residents had control over their clothing and personal possessions. Each resident had access to sufficient storage for their personal items. The layout of the double bedrooms allowed for adequate privacy for the residents.

Judgment: Compliant

Regulation 17: Premises

The premises was well maintained and appropriate to the number and needs of the residents living at the centre. There was adequate storage throughout the facility for equipment and supplies.

Judgment: Compliant

Regulation 20: Information for residents

A residents' guide was available and included a summary of services available,, terms and conditions, the complaints procedure and visiting arrangements. Information for residents was available on notice boards throughout the centre.

Judgment: Compliant

Regulation 27: Infection control

Good practices in infection control were observed through the designated centre. Overall the premises was clean. Cleaning schedules were in place to ensure it maintained a high level of compliance. Environmental audits and infection prevention and control audits were undertaken regularly to ensure a high standard of compliance with best practice and national guidelines. Clinical hand wash sinks were compliant with the required standard. Alcohol gel dispensers were available in adequate numbers throughout the nursing home.

Judgment: Compliant

Regulation 5: Individual assessment and care plan

Residents' needs were assessed using a variety of validated assessment tools. Care plans were person-centred to reflect the individual residents' care requirements and to assist staff in providing their individual needs. Care plans were well maintained and were subject to four monthly reviews or sooner if changes had occurred. The contents of these care plans was up-to-date and reflected the person-centred care being delivered for residents on the day of the inspection. End of life care plans were detailed and reflected the resident's wishes.

Judgment: Compliant

Regulation 6: Health care

Residents had good access to medical and allied health services. Their general practitioner (GP) visited the centre most days and was available to come in if and when required.

Medical and allied health visits and recommendations were recorded in the residents' care plans reviewed by the inspector.

Judgment: Compliant

Regulation 8: Protection

Training records showed that staff had all received Safeguarding training. There was evidence of Safeguarding tool box talks delivered to staff on a regular basis.

The centre was a pensions-agent for three residents and this was managed in line with the HSE's centralised processes and the Cash and Bank standard operation procedure followed by the centre.

Judgment: Compliant

Regulation 9: Residents' rights

There was a range of activities available to residents. Residents were informed about these activities and could choose if they wanted to participate. The provider facilitated access to activities outside the nursing home for some residents.

Residents were able to make decisions about their living arrangements.

Residents had access to independent advocacy service.

Judgment: Compliant

Appendix 1 - Full list of regulations considered under each dimension

This inspection was carried out to assess compliance with the Health Act 2007 (as amended), the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2013 (as amended), and the Health Act 2007 (Registration of Designated Centres for Older People) Regulations 2015 (as amended) and the regulations considered on this inspection were:

Regulation Title	Judgment
Capacity and capability	
Regulation 15: Staffing	Compliant
Regulation 16: Training and staff development	Compliant
Regulation 19: Directory of residents	Compliant
Regulation 23: Governance and management	Compliant
Regulation 24: Contract for the provision of services	Substantially compliant
Quality and safety	
Regulation 11: Visits	Compliant
Regulation 12: Personal possessions	Compliant
Regulation 17: Premises	Compliant
Regulation 20: Information for residents	Compliant
Regulation 27: Infection control	Compliant
Regulation 5: Individual assessment and care plan	Compliant
Regulation 6: Health care	Compliant
Regulation 8: Protection	Compliant
Regulation 9: Residents' rights	Compliant

Compliance Plan for St. Mary's Residential Centre OSV-0000495

Inspection ID: MON-0037080

Date of inspection: 22/06/2022

Introduction and instruction

This document sets out the regulations where it has been assessed that the provider or person in charge are not compliant with the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2013, Health Act 2007 (Registration of Designated Centres for Older People) Regulations 2015 and the National Standards for Residential Care Settings for Older People in Ireland.

This document is divided into two sections:

Section 1 is the compliance plan. It outlines which regulations the provider or person in charge must take action on to comply. In this section the provider or person in charge must consider the overall regulation when responding and not just the individual non-compliances as listed section 2.

Section 2 is the list of all regulations where it has been assessed the provider or person in charge is not compliant. Each regulation is risk assessed as to the impact of the non-compliance on the safety, health and welfare of residents using the service.

A finding of:

- **Substantially compliant** - A judgment of substantially compliant means that the provider or person in charge has generally met the requirements of the regulation but some action is required to be fully compliant. This finding will have a risk rating of yellow which is low risk.
- **Not compliant** - A judgment of not compliant means the provider or person in charge has not complied with a regulation and considerable action is required to come into compliance. Continued non-compliance or where the non-compliance poses a significant risk to the safety, health and welfare of residents using the service will be risk rated red (high risk) and the inspector have identified the date by which the provider must comply. Where the non-compliance does not pose a risk to the safety, health and welfare of residents using the service it is risk rated orange (moderate risk) and the provider must take action *within a reasonable timeframe* to come into compliance.

Section 1

The provider and or the person in charge is required to set out what action they have taken or intend to take to comply with the regulation in order to bring the centre back into compliance. The plan should be **SMART** in nature. **S**pecific to that regulation, **M**easurable so that they can monitor progress, **A**chievable and **R**ealistic, and **T**ime bound. The response must consider the details and risk rating of each regulation set out in section 2 when making the response. It is the provider's responsibility to ensure they implement the actions within the timeframe.

Compliance plan provider's response:

Regulation Heading	Judgment
Regulation 24: Contract for the provision of services	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 24: Contract for the provision of services:</p> <p>On admission of each resident to the designated centre, the registered provider will ensure and agree in writing with each resident, the terms, including terms relating to the bedroom to be provided to the resident. This will include the number of the bedroom and the number of other occupants (if any) of that bedroom, on which the resident shall reside in St. Mary's centre.</p>	

Section 2:

Regulations to be complied with

The provider or person in charge must consider the details and risk rating of the following regulations when completing the compliance plan in section 1. Where a regulation has been risk rated red (high risk) the inspector has set out the date by which the provider or person in charge must comply. Where a regulation has been risk rated yellow (low risk) or orange (moderate risk) the provider must include a date (DD Month YY) of when they will be compliant.

The registered provider or person in charge has failed to comply with the following regulation(s).

Regulation	Regulatory requirement	Judgment	Risk rating	Date to be complied with
Regulation 24(1)	The registered provider shall agree in writing with each resident, on the admission of that resident to the designated centre concerned, the terms, including terms relating to the bedroom to be provided to the resident and the number of other occupants (if any) of that bedroom, on which that resident shall reside in that centre.	Substantially Compliant	Yellow	29/07/2022